

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-009784

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

317
FILED MAR 13 1963

500

461

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY St. Louis,		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri, b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Gardenville,		c. CITY OR TOWN St. Louis,	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Miller Nursing Home,		d. STREET ADDRESS (If outside, give location) 3752 Chippewa St.,	
3. NAME OF DECEASED (Type or print) First Ella Middle M. Last Goacher		4. DATE OF DEATH Month February Day 10, Year 1963	
5. SEX Female.	6. COLOR OR RACE White,	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/28/1885
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Saleslady		10b. KIND OF BUSINESS OR INDUSTRY Famous-Barr Co.	11. BIRTHPLACE (City and state or country) Belleville, Illinois,
13a. FATHER'S NAME Theophilus Zagrabsky		14. NAME OF HUSBAND OR WIFE Ralph B. Goacher, deceased.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Address Florence Knierim, 4450 Delor St.,	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardio Vascular Disease DUE TO (b) Chronic Arteriosclerosis DUE TO (c) 422.1			INTERVAL BETWEEN ONSET AND DEATH 2 Weeks 1 yr.
PART II. OTHER SIGNIFICANT-CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 8:00 P.M. Month, Day, Year Dec. 14 1962		20f. CITY, TOWN, OR LOCATION Feb. 10, 1963	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from 8:00 P.M. to Feb. 10, 1963 and last saw her alive on Feb. 10th, 1963		22a. SIGNATURE H. N. Walters M.D.	
22b. ADDRESS 3608 So. Grand Blvd		22c. DATE SIGNED 2/11/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2/13/63	23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery,	23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
24. FUNERAL DIRECTOR Gebken-Benz Mortuary, 2842 Meramec St.,		25. DATE RECD. BY LOCAL REG. 2-11-63	
26. REGISTRAR'S SIGNATURE John B. Murphy		26. REGISTRAR'S SIGNATURE	

St. Louis, 18, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by me, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Joe B. Benz

Licensed Embalmer No. 4249

2842 Meramec St.,
P. O. Address St. Louis, 18, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.